



SAN FRANCISCO METHAMPHETAMINE TASK FORCE

MEETING 3 • JULY 25TH, 2019 • 3PM-5PM





AGENDA

- Welcome & Agenda Review
- Research Update
- Community Safety & Enforcement Perspectives
- Task Force Discussion
- Focus Group & Environmental Scan Themes
- Public Comment
- Closing & Next Steps



TASK FORCE RESPONSIBILITIES

- Ask questions.
- Contribute to the development of recommendations.
- Participate in reviewing and prioritizing recommendations.
- Reach out to organizations you represent, and other stakeholders as appropriate, to gather input and ideas.
- Please read prepared materials before each Task Force meeting.



TASK FORCE KEY DATES 2019

ACTIVITIES



TOPICS



APR 15

MEETING 1

JUN 10

MEETING 2

JUL 25

MEETING 3

SEP 12

MEETING 4

OCT

FINAL REPORT

APR

MAY

JUN

JUL

AUG

SEP

OCT

■ DISCUSSION

- Methamphetamine use & trends in SF
- Hospital perspective
- Observations & experiences
- Current responses

■ DISCUSSION & POLICY RECOMMENDATIONS

- Low threshold services
- Harm reduction
- Treatment types
- Staff training & addressing stigma
- Opportunities & Challenges

■ DISCUSSION & POLICY RECOMMENDATIONS

- Focus group themes & findings
- Community safety & enforcement

■ DISCUSSION & POLICY RECOMMENDATIONS

- Preliminary recommendations & prioritization



MATERIALS

- Presentation Slides
- Focus Group Themes & Findings
- Summary of Literature Recommendations to Address Methamphetamine Use
- 3 X 5 Cards



RESEARCH UPDATE



You+meth?

It's time for
M2.0

PO Coffin, G-M Santos, J Hern, E Vittinghoff, JE Walker,
T Matheson, D Santos, G Colfax, SL Batki

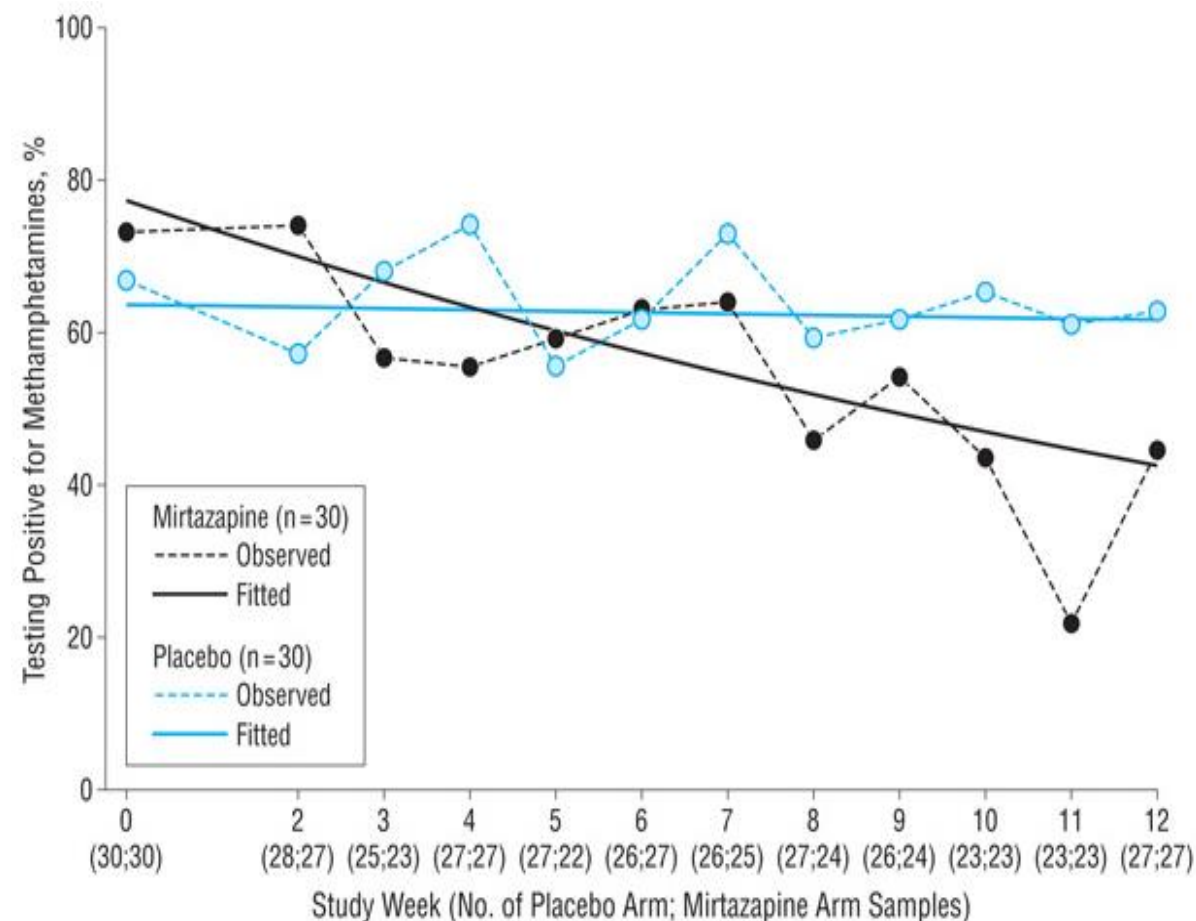
San Francisco Department of Public Health
University of California San Francisco



BACKGROUND

- Methamphetamine use disorder is prevalent and associated with HIV transmission
- SFPD conducted a prior phase 2a trial demonstrating reduced relative risk of **methamphetamine use** (0.57) and reduced **sexual HIV risk behaviors** among 60 MSM randomized to 12 weeks of mirtazapine compared to placebo

Proportion of methamphetamine urine-positivity during follow-up in first mirtazapine study



DESIGN

- 1:1 double-blind RCT comparing mirtazapine 30mg to placebo for 24 weeks with 12 weeks of follow-up post-treatment

PROCEDURES

- 4 screening & run-in visits pre-enrollment
- Seen weekly x36w for Utox/assessments
- Wisepill adherence monitoring
- Weekly substance use counseling x24w

METHODS

POPULATION

- 120 adults born or identifying as men who have sex with men, with meth dependence by DSM-IV
- Currently using & having sex while using meth

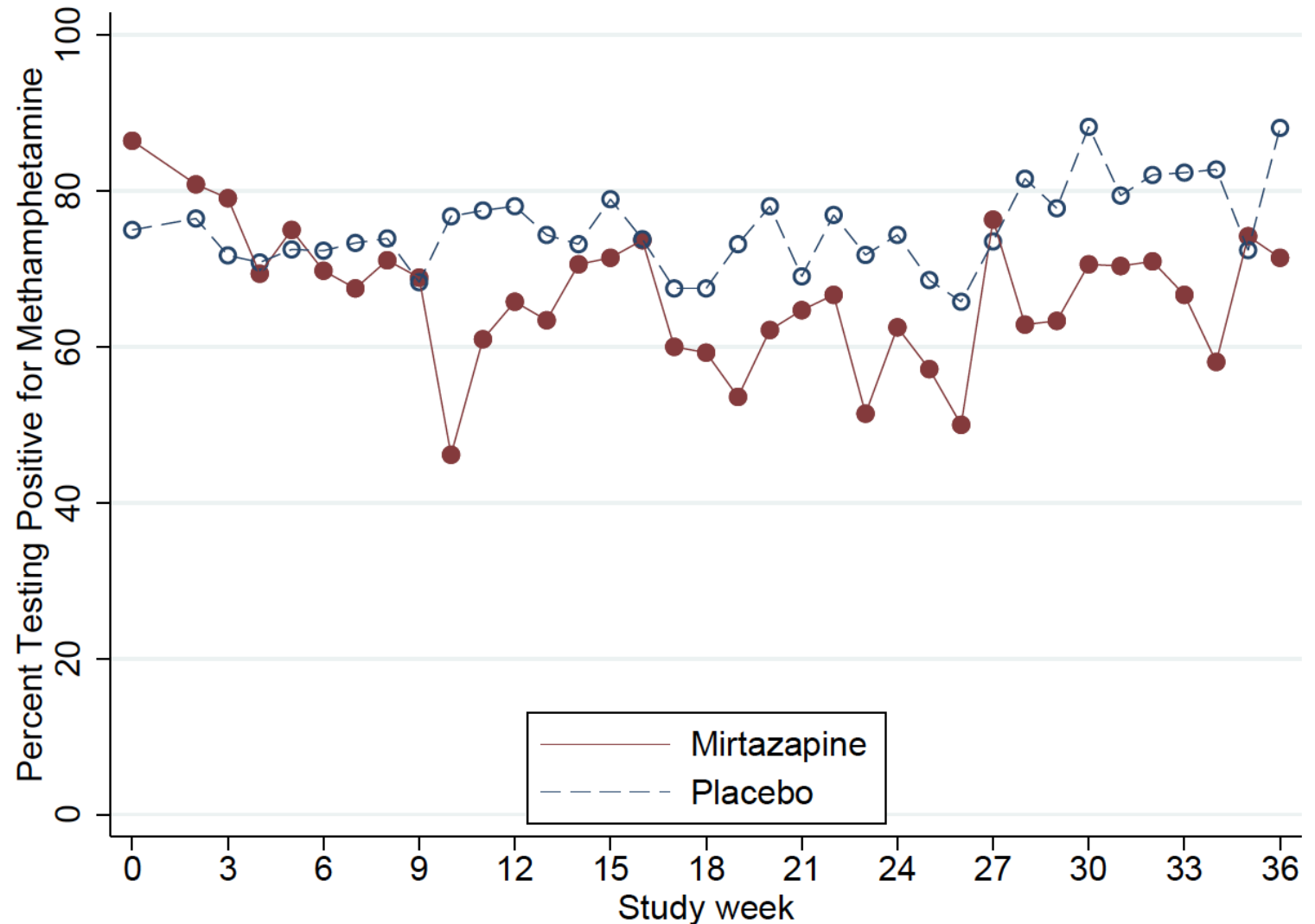
MAJOR EXCLUSION CRITERIA

- Major depression
- Potential mirtazapine intolerance
- Lab abnormalities

Results

- Rate of methamphetamine use declined in mirtazapine arm compared to placebo by:
 - 33% by week 12
 - 25% by week 24
 - 27% by week 36
- Selected sexual risk behaviors declined by week 24

Proportion of methamphetamine urine-positivity during follow-up



DISCUSSION PANEL

COMMUNITY SAFETY & ENFORCEMENT PERSPECTIVES





DISCUSSION QUESTIONS

1. How do you and your agency **interact with people who use methamphetamine?**
2. What are the biggest **challenges and/or gaps** you experience in working with this population and the related drug activities?
3. What ideas do you have about working with these individuals? What new ideas are you already trying? What initiatives, programs, models of care, or other things do you think would **improve your / SF's work** with this population?

POLICE DEPARTMENT

SGT. KELLY KRUGER





CURRENT EFFORTS

- **Initiate contact** with the person to **assess** how we can best assist them.
- **Connect them** with the most appropriate resource available.
- **SFPD collaborates with the following agencies:**
 - DPH: SF General Hospital, Psychiatric Emergency Services, Community Behavioral Health Services, Dore Urgent Care, Hummingbird Navigation Center
 - HSH: Homeless Outreach Team Leads
 - SFFD & EMS 6 unit



ENFORCEMENT CONTEXT & CHALLENGES

- Prop 47
- Current transportation / drop-off sites
- Person is often back on the streets within 24 hours



INTERVENTIONS & OPTIONS OF INTEREST

- Reframe addiction as a disease instead of a crime
- Non-arrest pathways to treatment and recovery
- Improve collaboration with city departments
- Expanded availability to assist in identifying resources for a person in distress
- Comprehensive strategy

JAIL HEALTH SERVICES

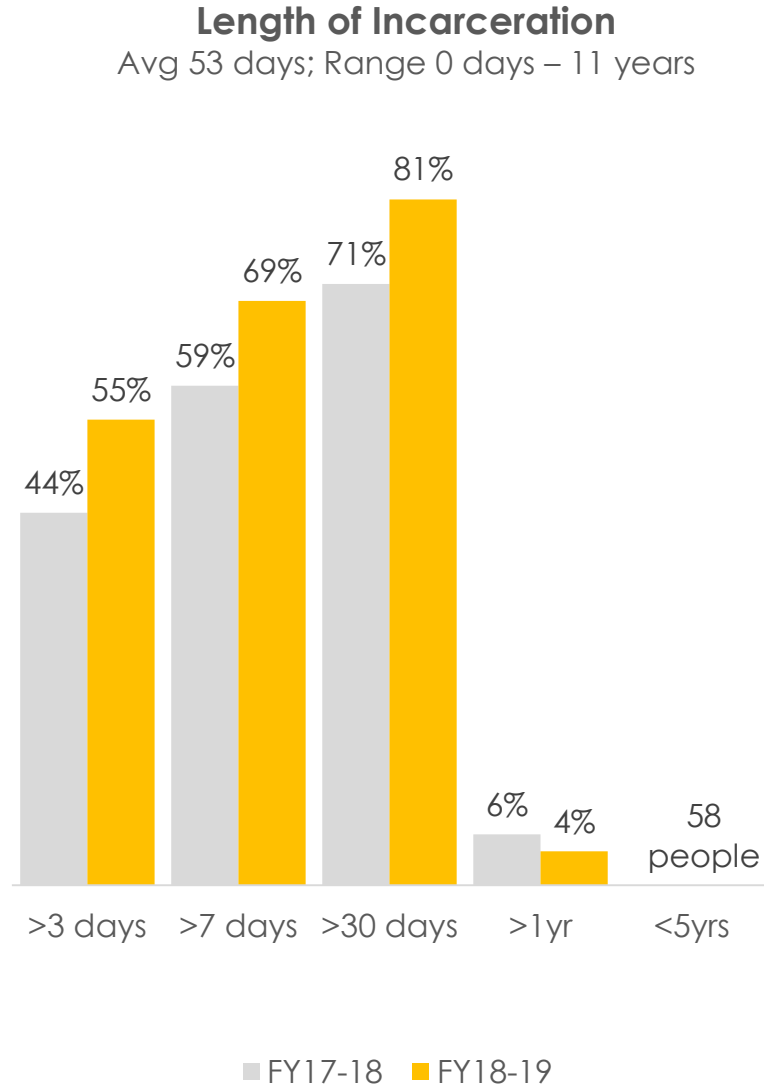
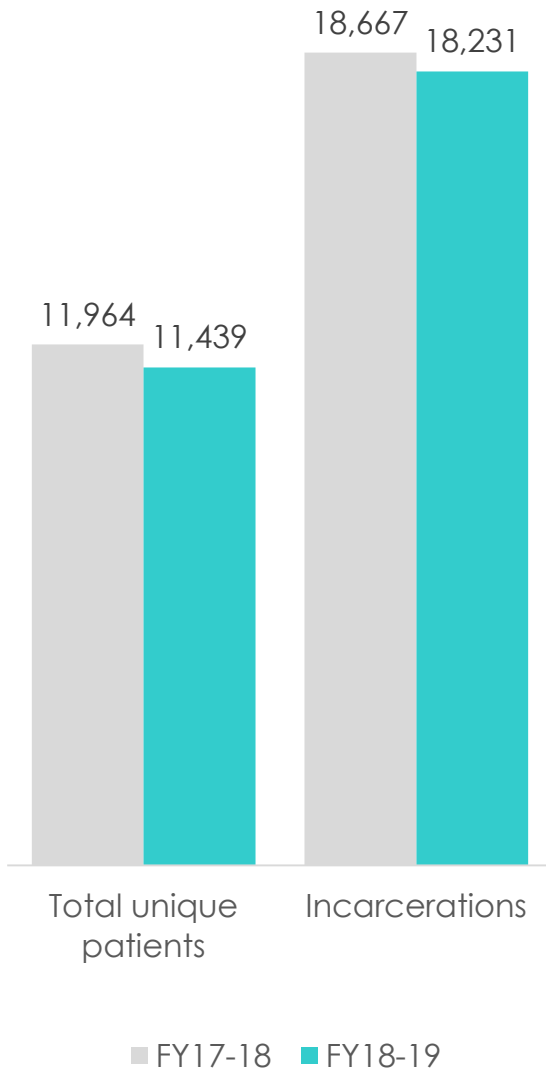
DR. LISA PRATT



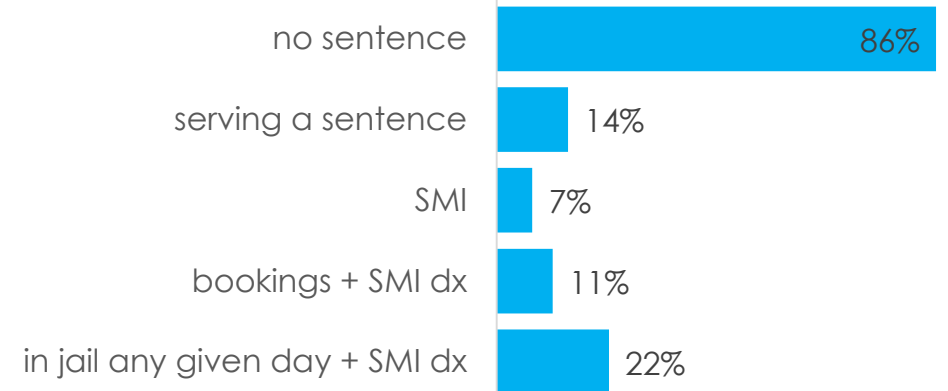


JAIL HEALTH SERVICES

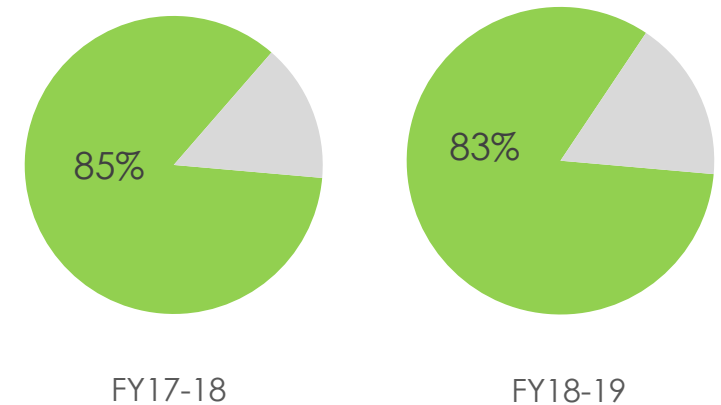
*All data unless otherwise indicated FY18-19 (FY 17-18)



FY18-19 Avg Census (n=1,337)



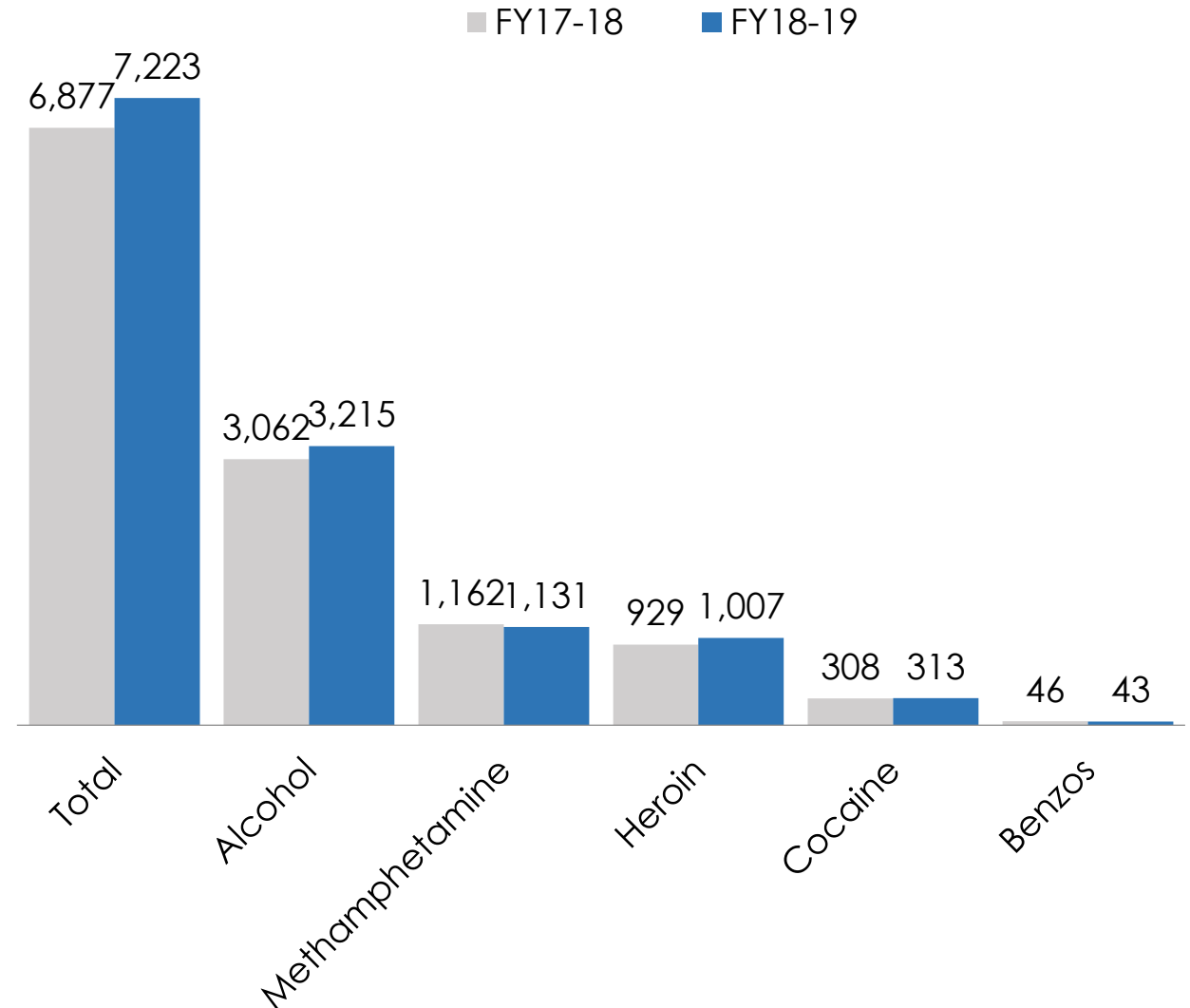
Percent Male





SELF-REPORTED SUBSTANCE USE

- Methamphetamine is the **highest reported illicit drug**
- 200-300 people referred to Tx through drug court / yr
 - 89 residential referrals in FY17-18
- Info gathered in front of law enforcement and **likely underrepresented**

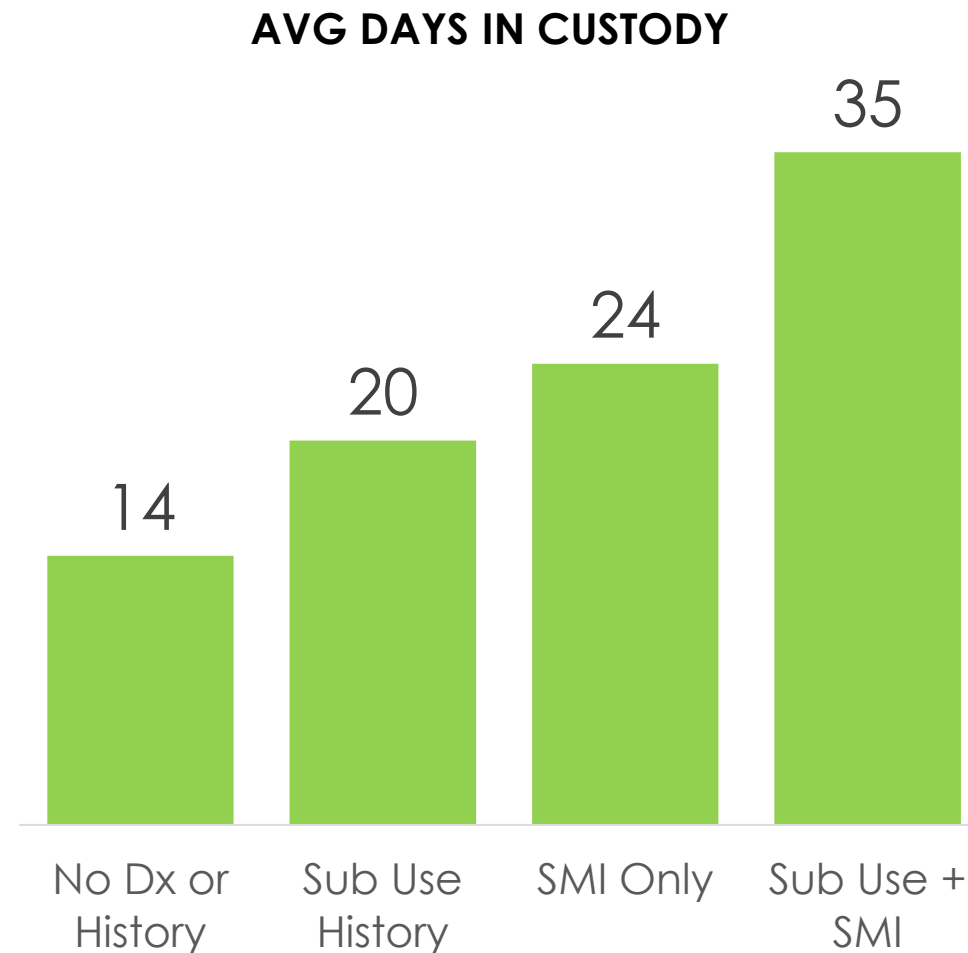




LENGTH OF INCARCERATION: SMI VS NON-SMI (2014-2017)

*SMI = severe mental illness

- Those with **co-occurring disorders remain in jail the longest** due to adjudication, placement, etc.



DISTRICT ATTORNEY'S OFFICE

RANI SINGH



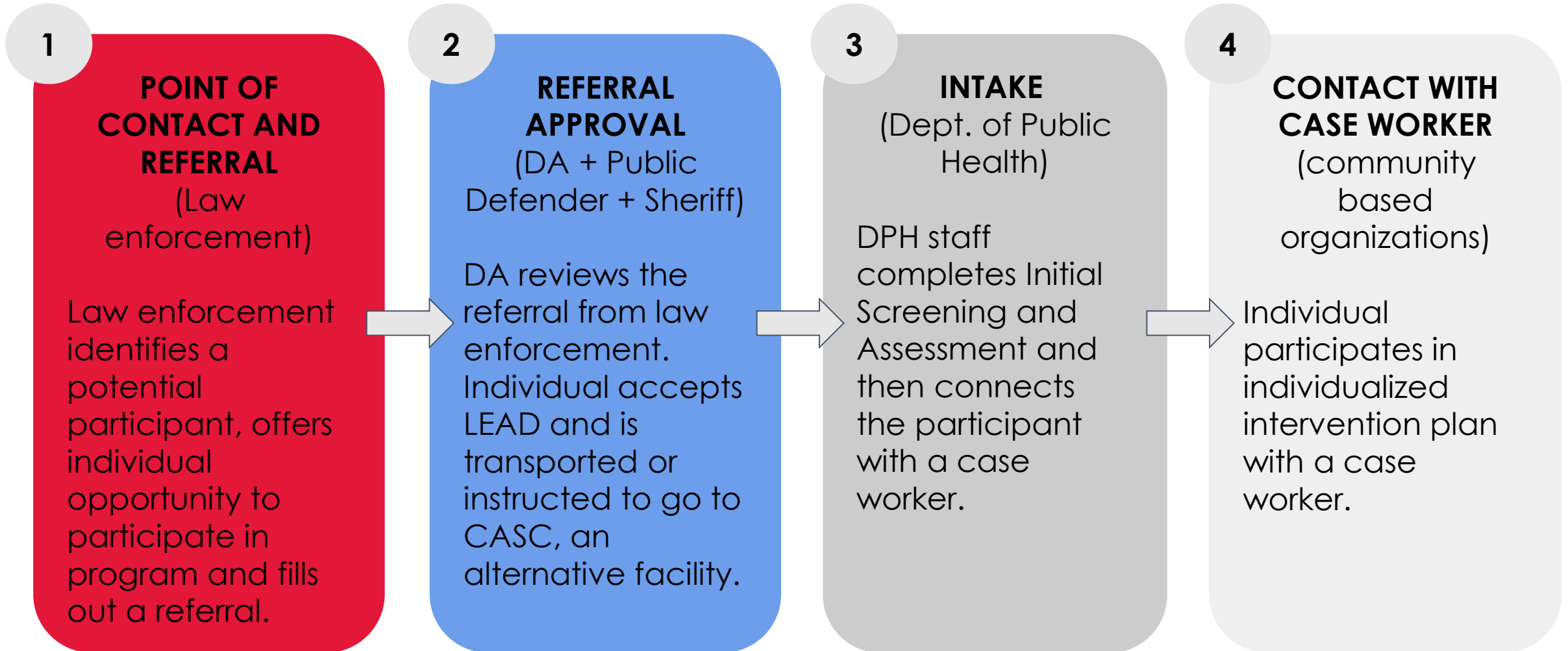


DISTRICT ATTORNEY'S OFFICE INTERVENTIONS

- **Collaborative Courts** to look at criminal cases in a holistic way, taking public safety and the client's needs into account
- **Conservatorships** (working with City Atty and other agencies) to look at directing clients into services best suiting their needs
- **Mental Health Diversion** (New legislation from 2018) on criminal cases
- **Sentencing Planners** to look at unique and innovative ways to avoid incarceration, even on some serious cases if programming available
- **LEAD**



LEAD PROCESS OVERVIEW





HURDLES TO ACCESSING SERVICES

1. Services providers have challenges **meeting individuals where they are** in terms of their drug use.
2. Services providers have **limited resources**.

Example 1: Service provider does not take on clients who take Suboxone, an opioid replacement drug

Example 2: Service provider that specializes in detox program will not work with individuals who use too much Meth

Example 3: In-patient service provider does not work with clients who haven't used recently

Example 4: Service provider requires that a user has a 30-day prescription for Suboxone (very difficult to get a prescription for more than a week)

PUBLIC DEFENDER'S OFFICE

CHESA BOUDIN





HARM REDUCTION

Abstinence-only model does
not work for everyone



PRE-CHARGING TREATMENT OPTIONS

- Law Enforcement Assisted Diversion (LEAD)
- Neighborhood Courts
- 24/7 walk-in Capacity
- Language Access



POST-CHARGING CAPACITY

- Drug Court
- Community Justice Court
- Language Access



TASK FORCE DISCUSSION





DISCUSSION GUIDELINES

- All ideas and opinions will be respected.
- Share your unique background and perspective.
- Allow the person recognized to speak without interruption.
- Make all decisions using the agreed-upon process.



DISCUSSION QUESTION

What are your thoughts and recommendations on the perspectives that were just shared?



FOCUS GROUP & ENVIRONMENTAL SCAN THEMES





FOCUS GROUP THEMES

- Environmental Context
- Impacts of Problematic Methamphetamine Use On San Franciscans
- Challenges Responding To Methamphetamine Use
- System of Care & Treatment
- Client and Provider Experiences
- Community Engagement and Outreach



Current/Former Use



Service Providers



Housing Providers



Residents



Businesses



ENVIRONMENTAL SCAN THEMES

- Treatment & Services
- Staff Training & Development
- Housing & Post-Treatment Options
- Access and Linkages to Care
- Community Safety
- Community Engagement & Education



PREPARATION FOR MEETING 4

- Online survey
- Compilation of draft recommendations and considerations
- Grouped by theme / type
- Rank and prioritize by importance and feasibility



PUBLIC COMMENT





CLOSING COMMENTS & NEXT STEPS



MEETING 4

- PRELIMINARY RECOMMENDATIONS & PRIORITIZATION

THURSDAY • SEPTEMBER 12TH, 2019 • 3PM-5PM
